Remote Access Request

Users must complete this form and return the signed copy to the JFHQ J-6 office, either by mail JFHQ-CA, ATTN: Helpdesk / Box 4, PO Box 269101, Sacramento, CA 95826-9101 or via FAX to (Commercial) 916-854-3018 or (DSN) 466-3083 (CAGNET) 63018

Individual Inform	nation:								
Name:						Telephone Contact Information:			
Last Name	First Nan	ne	Middle Initial		Comm	ercial:			
User's CA Network (i.e. william.smith)					1				
Organization:	UIC (if appl):				DSN:				
Enter the organization in which your requirement is justified against in the entry above.					CAGNET / VoIP:				
Justification:									
Reason for Exception: (Provide detailed justification for remote access to the CA Network. Provide resources you require access / applications.									
Service Requested	: [] Mod	lem Dial-in Acces	ss [] VPN Ac	ccess	[] Revoke Remote	Access	
Certifications:									
Requesters Signature: Date:									
I have reviewed this request for exception and verified the requirement is a valid operation requirement and recommend approval / revocation of remote access. I further certify this user has a valid National Agency Check on file at Defense Investigative Services. I understand I am responsible to notify the Helpdesk immediately should this user's network access need to be limited or revoked.									
Requesting Users Commander / Director Signature:						Date:			
		П	For J-6 U						
Received On:	Received by: [] Approved [] Denied (reason required below) Date user notified:								
Status: Denial Reason:	Д	oved	Den	ied (reason re	<u>equirea bi</u>	eiow) Da	ate user notified:		
Date Approval Executed:			Executed b	y:					